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F I L E D

2-4-2008

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**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**
United States Court of Appeals
for the Second Circuit

Louis C. Sherman

9037-70154

V. Case No. No. 12

P. Harvey

Affidavit in Support of Motion

CASE I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: John J. Hiltz

Date: Jan 31, 2015
My issues on appendix are: 1) Misadministration of Medications 2) Refusal to follow-up on Positive Abnormalities 3) Refuse to give adequate dosage CARE) REPEATED USE OF SOMEONE ELSE'S MEDICATIONS REFUSE TO ANSWER OR UNKNOWN NEEDS, AND SAYING SATD ACCORD TO UIC HOSPITAL ON 1/9/08, BMH ANSWERED & LOCATED US
1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deduction for taxes or otherwise.
Average monthly:

for taxes or o
Income source

Average monthly amount during
the past 12 months

Amount expected next month

	You	Spouse
Employment	\$ <input type="text"/>	\$ <input type="text"/>
Self-employment	\$ <input type="text"/>	\$ <input type="text"/>
Income from real property (such as rental income)	\$ <input type="text"/>	\$ <input type="text"/>
Interest and dividends	\$ <input type="text"/>	\$ <input type="text"/>
Gifts	\$ <input type="text"/>	\$ <input type="text"/>
Alimony	\$ <input type="text"/>	\$ <input type="text"/>
Child support	\$ <input type="text"/>	\$ <input type="text"/>
Retirement (such as social security, pensions, annuities, insurance)	\$ <input type="text"/>	\$ <input type="text"/>
Disability (such as social security, insurance payments)	\$ <input type="text"/>	\$ <input type="text"/>
Unemployment payments	\$ <input type="text"/>	\$ <input type="text"/>
Public-assistance (such as welfare)	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify): <u>LAW & MED</u>	\$ <input type="text"/>	\$ <input type="text"/>
Total monthly income:	\$ <input type="text"/>	\$ <input type="text"/>

You Spouse

S S S S S S S S

\$  \$

69

0 s

**2. List your employment history, most recent employer first. (Gross monthly pay is before taxes and
deductions.)**

Employer	Address	Dates of Employment	Gross monthly pay
Marie Autoguide	4120 S. 4th Street	9/1/61	2000.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

4. How much cash do you and your spouse have? \$0
Below, state any money you or your spouse have.

Financial Institution **Type of Accts.**

Type of Account	Amount you have	Amount your spouse has
NONE	0	0

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) _____ Other real estate (Value) _____ Motor Vehicle #1 (Value) _____

No Other _____ Make & year: _____
Model: _____

Motor Vehicle #2 (Value) Make & year: _____ Model: _____ Registration # _____	Other assets (Value) 	Other assets (Value)
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6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money Amount owed to you

Amount owed to your spouse

7. State the persons who rely on you or your spouse for support.

Name _____

Relationship

Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home-mortgage payment (including lot rent, etc.)

Are real estate taxes included? Yes No

Is property insurance included? Yes No

You Your spouse
\$ *A* \$

Utilities (electricity, heating fuel, water, sewer, and telephone)

\$ \$

Home maintenance (repairs and upkeep)

\$ \$

Food

\$ 0 \$ -

Clothing

S  S

Laundry and dry-cleaning

\$ \$

Medical and dental expenses

\$ \$

Transportation (not including motor vehicle expenses)

\$ \$

Recreation, entertainment, newspapers, magazines, etc.

Insurance (not deducted from wages or included in mortgage payments)
Homeowner's or renter's

\$ 10 \$ _____

Life \$ 0 \$ _____

Health \$ 0 \$ _____

Motor vehicle \$ 6 \$ _____

Other: _____ \$ 0 \$ _____

Taxes (not deducted from wages or included in mortgage payments)
(specify):

Installment payments \$ 0 \$ _____

Motor Vehicle \$ 0 \$ _____

Credit card (name): _____ \$ 0 \$ _____

Department store (name): _____ \$ 0 \$ _____

Other: _____ \$ 0 \$ _____

Alimony, maintenance, and support paid to others

Regular expenses for operation of business, profession, or farm (attach detail)

Other (specify): _____

Total monthly expenses:

\$ 0 \$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes [✓] No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[] Yes [✓] No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [] No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

IN JAIL

13. State the address of your legal residence.

2250 W. Roosevelt Ave
Chicago 60608

Your daytime phone number: (____) _____

Your age: 59 Your years of schooling: 16

Your social-security number: 261786549